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NSWC INDIAN HEAD  
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LETTER AND COMMENTS FROM U S NAVY REGARDING AGENCY FOR TOXIC  
SUBSTANCES AND DISEASE REGISTRY REPORT NSWC INDIAN HEAD MD  
3/7/1997  
NSWC INDIAN HEAD

*file - ATSDR report*

F A C S I M I L E

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL**

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NSN 7540-01-317-7368

5099-101

GENERAL SERVICES ADMINISTRATION

Hi Shawn,

I work with David McConaughy here at NEHC. We have been working on comments to give you on the ATSDR report and here they are. We would have had them to you sooner, but we didn't get the information from ATSDR until late yesterday afternoon about their lead modeling. We hope this delay hasn't caused you much inconvenience.

I also wanted to let you know that we would be glad to review any of the health and safety plans for your remediation work. Please let me or David know if this would be a useful service to you.

I will be in my office until 5:30 today and David will be in Monday morning if you have any questions/comments.

The final version of this will be mailed to you next week.

Have a great weekend!

*Mary Ann Simmons*

From the desk of...

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**MEDICAL REVIEW OF  
NAVAL SURFACE WARFARE CENTER  
INDIAN HEAD DIVISION  
SITE SUMMARY  
CHARLES COUNTY, MARYLAND**

**General Comments:**

~~General Comments:~~  
**General Comments:**

1. The draft document entitled "Naval Surface Warfare Center, Indian Head Division, Site Summary, Charles County, Maryland," dated February 1997 was provided to the Navy Environmental Health Center for review on 25 February 1997. The report was prepared for the Naval Surface Warfare Center, Indian Head Division, by the Agency for Toxic Substances and Disease Registry (ATSDR).
2. In general, we think that ATSDR has developed a good public health assessment that fairly addresses the issues of concern. However, if this document is released for public comment, we recommend that an executive summary be prepared utilizing good risk communication methods.

**Review Comments and Recommendations:**

1. Page 4, "Discussion"

**Comment:** The first sentence of the first full paragraph states, "... no current blood lead data are available for these children."

**Recommendation:** We recommend that ATSDR change this statement to note that the blood lead testing is taking place, but that the data were not available to ATSDR during their site visit.

2. Pages 5 and 6, "Recommendations"

**Comments:**

a. The first recommendation that ATSDR makes is to, "Establish a structured voluntary blood lead screening program. . ." The first bullet under this recommendation says that the program should focus on children up to 6 years of age and that a goal of 100% participation should be established. This same recommendation was also made in the document's introduction.

b. The text on page 5 states that the lead screening program should focus on children up to 6 years of age. However, the calculations in Appendix A, "Application of the algorithm relating to concentration soil potential increases in blood lead levels of the NSWC-IHDIV soil data set," were based on children 5 years of age and under.

Enclosure (1)

c. The text states, on page 6, that NSWC-IHDIV should determine if the potential exists for tracking occupationally-derived lead dusts from the workplace to the residential setting. Work sites, in which employees are overexposed to lead, are required to comply with the Occupational Safety and Health Administration's regulation, 29 CFR 1910.1025, "Lead." This requires, among other things, employers to inform employees about the hazard of lead, provide employees with disposable or washable clothing to wear while working with lead (employers are required to have the washable clothing laundered), and that employees shower before leaving the workplace to prevent outside contamination with lead.

**Recommendations:**

a. Consult with your medical clinic personnel and provide ATSDR with a copy of your command policy on lead screening. Also provide ATSDR with a copy of the Department of the Navy, Bureau of Medicine and Surgery's Instruction 6200.14, dated 6 July 1994, entitled "Pediatric Lead Poisoning Prevention Screening Plan." This instruction provides a pediatric lead poisoning prevention screening plan, which to the best of our knowledge, is currently in place at NSWC-IHDIV. After this information is provided, request that ATSDR revise comments pertaining to the "establishment" of the pediatric lead screening program. Also request that ATSDR clearly note that while our goal is 100 percent participation, the program is strictly voluntary and the Navy cannot families to participate.

b. The discrepancy in the text concerning the age of children at risk should be clarified.

c. The NSWC-IHDIV should verify that a lead control program is in place to protect employees overexposed to lead as required by 29 CFR 1910.1025. A copy of your lead control policy and comments should be forwarded to ATSDR. If a lead control program is in place, request that ATSDR remove the statement concerning the "potential tracking of occupationally-derived dust from the workplace to the residential setting."

**3. Page 8, "Past Exposure to Mercury in Buildings 101 and 102"**

**Comment:** The text states on page 8, that "ATSDR needs additional data and information to evaluate the past exposures to mercury in Buildings 101 and 102."

**Recommendation:** Consult with your industrial hygienist and provide ATSDR all available information concerning mercury sampling, hazard evaluations, and medical surveillance in Buildings 101 and 102. Also, after gathering and reviewing the industrial hygiene data, respond to the specific questions and issues raised in this section.

#### 4. Page 9, "Community Health Concerns"

**Comment:** This section contains concerns the community expressed to ATSDR about chemical contamination at NSWC-IHDIV. Although the responses appear to be accurate, we feel that they may be too technical for the average citizen to clearly understand.

**Recommendation:** We recommend the responses be revised to the 6<sup>th</sup> to 8<sup>th</sup> grade reading level. Acronyms, such as "IRP," need to be explained. Technical jargon, such as "real-time monitoring" and "drainage swales," should either be eliminated and replaced by more commonly understood terms, or very simply defined. "Environmental contaminate" and other terms with negative connotations should be replaced by neutral terms such as "substance" or "materials," as much as possible.

#### 5. Page A-2, "Calculations"

**Comment:** The text states that "For the maximum average soil Pb (lead) concentration, the calculated potential increase in PbB is 23.5 ug/dL:"

**Recommendation:** The term maximum average soil lead concentration should be clarified in the text.